

INDUSTRIAL HYGIENE AIR SAMPLE SURVEY FORM

NEHC 5100/13

This form is used to record information collected while sampling with air sampling pumps and passive monitors. Analytical information is provided by the laboratory. As many as five stressors may be listed on each form, but only for one worker.

Front Side

TO	The address of the CIHL performing the analysis.
FROM	Complete address of command requesting sample analysis.
POC	The I H to contact in case there are questions concerning sample.
PHONE	The complete commercial and DSN phone number for the POC.
FAX	The fax number for the POC.
DATE	The date the samples were collected.
I H UIC	Unit Identification Code (UIC) of the command providing I H support.
ACTIVITY	The name of the command receiving I H support.
UIC	The Unit Identification Code of the command receiving the I H support.
BUILDING/ LOCATION	The building or hull number where the samples are collected.
WORKSITE	The location inside the building or ship where the samples are collected.
SHOP/ CODE	Name and/or number of shop where the employee being sampled works.
SAMPLE COLLECTION TYPE	Check the appropriate box.
EMPLOYEE SAMPLED	The complete name of the employee sampled.

SSN/ BADGE #	Last 4 digits of social security number or the badge number of the employee sampled..
JOB TITLE	Job title of the sampled individual.
(M)IL OR (C)IV	Is the sampled individual military or civilian?
OPERATION CODE	A description of the operation performed during the sampled period. The operation code which most closely matches the sampled operation. OPERATION CODES ARE FOUND IN APPENDIX A.
TASK	Further defines the operation.
SHIFT	Use number codes where Day = 1 Evening = 2 Night = 3
FREQU- ENCY OF OPERATION	Use number codes where: 1 = Daily 2 = 2-3 times/wk 3 = weekly 4 = 2-3 times/month 5 = Monthly 6 = 2-3 times/yr 7 = Yearly 8 = Special occasions
DURATION OF OPER- ATION	Use number codes where: 1 = < 1 hour 2 = 1-4 hours 3 = 4-8 hours 4 = > 8 hours
RESPIR- ATOR	A description of the respirator being used by the employee, to include manufacturer, model, type of cartridge, etc. If none is used, write "NONE".
CODE	The NIOSH/MSHA approval number for the respirator used.
PPE	Description of personal protective equipment used during sample period.
CODE(S)	The code(s) of the personal protective equipment in use. PPE CODES ARE FOUND IN APPENDIX B.
PRODUCT USED	A description of the product containing the stressor (e.g., welding rod, spray paint, degreaser, etc.).
VENTILA- TION	From this list, select the most closely matched ventilation type: a. Natural b. General c. Small booth d. Large booth (non walk-in) e. Large booth (walk-in) f. Canopy hood

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|------------------------------|-----------------------------|
| g. Glove box | h. Laboratory hood |
| i. Free hanging | j. Lateral slot |
| k. Push-pull | l. Downdraft |
| m. Metal working/woodworking | n. Low volume/high velocity |

MEETS SPECS	Based on measurements are the ventilation specifications satisfied? Y = yes N = no U = unknown
USED	Is the ventilation system used? Y = yes N = no
UNSAMP- LED PERIOD	Check appropriate box.
DURATION	The duration of the sample, in minutes.
FLOW RATE	The flow rate of the sampling pump, or the equivalent flowrate of the passive monitor, in liters per minute (lpm).
VOLUME	The total volume of air collected, in liters.
SAMPLE #	The number used to identify the sample to the lab.
LAB #	Number assigned by lab to the sample, to identify and track the sample.
STRESSOR/ CAS#	The stressor being sampled and the Chemical Abstract Service Registry No. STRESSORS WITH EXPOSURE STANDARDS ARE IN APPENDIX C.
LOD	Limit of detection of the analytical method, which is provided by the lab.
RESULTS	Results of the analysis expressed as weight of contaminant PER SAMPLE.
8 HR TWA	The calculated 8 hour time weighted average(s) of the stressor(s) to be calculated by the person collecting the sample.
DATE RECEIVED	The date the sample was received by the lab.
ANALY- TICAL METHOD	The method used by the lab for the analysis of the sample.
COMMENTS	Explanatory comments by the chemist about the sample or analysis.
ANALYSIS	The name and signature of the chemist performing the analysis.

PERFORMED BY

DATE ANALYZED The date the sample was analyzed.

ANALYSIS REVIEWED BY Name and signature of the reviewing authority.

DATE RE-PORTED The date the lab reported the results.

Reverse Side

FIELD SAMPLE ID The number used to identify the sample in the field.

MEDIA The type of media used to collect the sample (e.g., MCEF, CT, 3M 3500 OVM).

LOT/ TUBE # The manufacturer's lot or tube number for the media.

EXPIRATION DATE The expiration date of the media, if any.

TIME OFF The time the sampling period ended.

TIME ON The time the sampling period began.

PUMP CHECK(S) The time(s) the pump was checked to ensure proper operation.

COLLECTION INSTRUMENT The manufacturer, model, type and serial number of the sampling pump.

CALIBRATOR The manufacturer, model, type and serial number of the calibration device.

PRE CALIBRATION DATE The date the sample pump was pre calibrated.

PRE CALIBRATION FLOW RATE The average flow rate during pre calibration.

POST CALI- BRATION DATE	The date the sample pump was post calibrated.
POST CALI- BRATION FLOW RATE	The average flow rate during post calibration.
CALI- BRATED BY	The signature of the person performing the calibration.
LOWEST FLOW RATE	The lower of the pre and post calibration flow rates. This flow rate is to be used when calculating sample volume.
CALCULA- TIONS	Any calculations associated with the calibration or sample results.
TIME COURSE OF EVENTS/ COMMENTS	A detailed chronological description of the operation and any other comments or observations.
IHT/WPM	Signature of the I H tech or workplace monitor performing the sampling.
DATE	The date the form was signed.
I H	The signature of the industrial hygienist performing the sampling or reviewing the sample form.
DATE	The date the form was signed.